



SAMPLE SHARPS INJURY LOG

49872

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Injury ID (Please leave blank.)

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Facility ID (Please leave blank)

Please complete a Log for each employee exposure incident involving a sharp.

Fill in the one circle corresponding to the most appropriate answer. Use block print and avoid touching lines.

Institution:		Department:	
Address:		Page #	of
City:		State:	Zip code:
Date filled out:	by:	Phone number: ()	

Facility injury ID#	Date of injury	Time of injury	optional	Age																				
<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>									<table border="1"><tr><td></td><td></td></tr></table> / <table border="1"><tr><td></td><td></td></tr></table> / <table border="1"><tr><td></td><td></td></tr></table>							<table border="1"><tr><td></td><td></td></tr></table> : <table border="1"><tr><td></td><td></td></tr></table>					<input type="radio"/> Male <input type="radio"/> Female	<table border="1"><tr><td></td><td></td></tr></table>		
	month	day	year																					
			<input type="radio"/> am <input type="radio"/> pm																					

Description of the exposure incident:	Job classification:	Department/Location:
	<input type="radio"/> MD <input type="radio"/> Nurse	<input type="radio"/> Patient room <input type="radio"/> Emergency dept
	<input type="radio"/> Medical assistant	<input type="radio"/> Operating room <input type="radio"/> Procedure room
	<input type="radio"/> Phlebotomist /lab tech	<input type="radio"/> CCU/ICU <input type="radio"/> Home
	<input type="radio"/> Housekeeper/Laundry	<input type="radio"/> Clinical laboratory
	<input type="radio"/> CNA/HHA	<input type="radio"/> Medical/outpatient clinic
	<input type="radio"/> Student, type _____	<input type="radio"/> Service/utility area (disp rm./laundry)
	<input type="radio"/> Other _____	<input type="radio"/> Other _____

Procedure: <input type="radio"/> Draw venous blood <input type="radio"/> Heparin/saline flush <input type="radio"/> Draw arterial blood <input type="radio"/> Cutting <input type="radio"/> Injection, through skin <input type="radio"/> Suturing <input type="radio"/> Start IV/set up heparin lock <input type="radio"/> Unknown/not applicable <input type="radio"/> Other _____	Did the exposure incident occur: <input type="radio"/> During use of sharp <input type="radio"/> Disassembling <input type="radio"/> Between steps of a multistep procedure <input type="radio"/> After use and before disposal of sharp <input type="radio"/> While putting sharp into disposal container <input type="radio"/> Sharp left, inappropriate place (table, bed, etc) <input type="radio"/> Other _____
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Body part: (check all that apply) <input type="radio"/> Finger <input type="radio"/> Face/head <input type="radio"/> Hand <input type="radio"/> Torso <input type="radio"/> Arm <input type="radio"/> Leg <input type="radio"/> Other _____	Identify sharp involved: (if known) Type: _____ Brand: _____ Model: _____ e.g. 18g needle/ABC Medical/"no stick" syringe	Did the device being used have engineered sharps injury protection? <input type="radio"/> yes <input type="radio"/> no <input type="radio"/> don't know Was the protective mechanism activated? <input type="radio"/> yes-fully <input type="radio"/> yes-partially <input type="radio"/> no Did the exposure incident occur: <input type="radio"/> Before <input type="radio"/> During <input type="radio"/> After activation
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Exposed employee: If sharp had no engineered sharps injury protection, do you have an opinion that such a mechanism could have prevented the injury? <input type="radio"/> yes <input type="radio"/> no Explain: _____ _____ _____	Exposed employee: Do you have an opinion that any other engineering, administrative or work practice control could have prevented the injury? <input type="radio"/> yes <input type="radio"/> no Explain: _____ _____ _____
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